

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

583
State File No. _____
516
Registrar's No. _____

Registration District No. **791**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County ~~Hamor~~ **Phillips**,
(b) City or town **St Louis MO.**
(c) Name of hospital or institution: **Home Philip Hospital**
6 hours.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 3 months.** (Specify whether
In this community _____ years, months or days)

3. (c) PRINT **Dee McVail**
FULL NAME

3. (b) If veteran, **No** 3. (c) Social Security
name war _____ No. _____

4. Sex **Male** 5. Color or **Col,**
race **1** divorced **Married**
6. (b) Name of husband or wife: **Luretha McVail** 6. (c) Age of husband or wife if
alive **30** years
7. Birth date of deceased **Aug. 15, 1903**
(Month) (Day) (Year)

8. AGE: Years **38** Months **5** Days **0**
If less than one day
.....hr.min.

9. Birthplace **Starksville Miss. /**
(City, town, or county) (State or foreign country)
Laborer

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Spencer McVail**
13. Birthplace **Starksville Miss. /**
(City, town, or county) (State or foreign country)
14. Maiden name **Kate Forsyth**
15. Birthplace **Starksville Miss. /**
(City, town, or county) (State or foreign country)
Luretha McVail

16. (a) Informant _____
(b) Address **2625 Dickson St**

17. (a) **BRAIN** (b) Date thereof **1-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Ellis Funn, Home**
(b) Address **2820 S. 1st St.**

19. (a) **JAN 17 1942** (b) **J. F. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**
(c) City or town **St Louis MO.**
2625 Dickson St
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **15**
year **42.** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
Jan 5 - 1942 to **Jan 14 1942**
that I last saw him alive on **Jan 14** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Insufficiency

Due to _____
Due to **Unknown**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Brubaker** (M. D. or other)
Address **2601 E Dickson** Date signed **1-16-42**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

L. Boyer
2946
St. Louis mo.
Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.